



DEPARTMENT OF BUILDING SERVICES  
City-County Building 300 West Ash Street - Room 201 P.O. Box 736  
Salina, Kansas 67402-0736  
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## **DEMOLITION AFFIDAVIT**

**To be completed with submittal of the Demolition Permit Application**

**Address of Demolition Project:** \_\_\_\_\_

**Demolition Contractor Name & Phone #:** \_\_\_\_\_

**All materials will be removed by the above stated Contractor and will be disposed of as follows:**

1. All roofing materials go to \_\_\_\_\_
2. All wood debris and trees go to \_\_\_\_\_
3. All concrete goes to \_\_\_\_\_
4. All asbestos materials go to \_\_\_\_\_
5. All miscellaneous materials go to \_\_\_\_\_
6. Will any portion of the building(s) or other structures be relocated for future use?  
(ie: canopies, detached buildings, lumber, etc) **YES or NO** (circle one)

If yes, please state details: \_\_\_\_\_

**If yes, a moving permit may be required, before this demolition can be started.**

7. **Do you intend to rebuild on this lot within the next 6 months? YES or NO (circle one)**
8. **If Yes to #7, Do you plan to use the existing water service connection? YES or NO (circle one)**

I hereby certify that the above information is correct and that the disposal of all materials from this demolition project will be as indicated on this affidavit.

Printed Name of Contractor: \_\_\_\_\_  
(or Contractor's representative)

Signature of Contractor: \_\_\_\_\_ Date: \_\_\_\_\_  
(or Contractor's representative)

**Disposal of demolition debris in an unlicensed landfill or other area is prohibited and may result in criminal prosecution and financial penalties.**

### **To Be Completed by Water Distribution**

**Service Line Capped:** Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

**Water Meter Pulled:** Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

